



**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

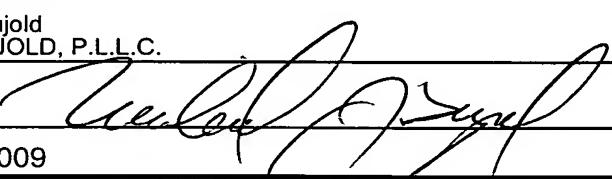
		Application Number	10/572,419	
		Confirmation Number		
		Filing Date	with an effective filing date of September 14, 2004	
		First Named Inventor	Gianfranco PASSONI	
		Group Art Unit	3721	
		Examiner Name	John R. Paradiso	Fax: (571) 273-8300
Total No. of Pages in this Submission: 18		Attorney Docket Number	TRSCWE P01AUS	

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form [1] <input checked="" type="checkbox"/> Fee attached - Check \$960.00	<input type="checkbox"/> Assignment papers [ ] <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group [ ]
<input checked="" type="checkbox"/> Amendment/Response [11] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) [ ] <input type="checkbox"/> Replacement Sheet(s) [ ]	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences [ ]
<input checked="" type="checkbox"/> Extension of Time Request [1] <i>(in Duplicate)</i>	<input type="checkbox"/> Licensing-related Papers [ ]	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) [ ]
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information [ ]
<input type="checkbox"/> Information Disclosure Stmt [ ]	<input type="checkbox"/> To Convert a Provisional Petition [ ]	<input type="checkbox"/> Status Letter [ ]
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address [ ]	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <small>Request for Continued Examination - (in duplicate) [1]</small>
<input type="checkbox"/> Response to Missing Part/s Incomplete Application [ ]	<input type="checkbox"/> Terminal Disclaimer [ ]	<input type="checkbox"/> Postcard
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement [ ]	
	<input type="checkbox"/> Request for Refund [ ]	

**REMARKS**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	June 19, 2009	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 19, 2009.

Signature		Date: June 19, 2009 (amp)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

JUN 23 2009  
**FEES TRANSMITTAL**  
For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$960.00

## Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit10/572,419  
with an effective filing date of  
September 14, 2004  
Gianfranco PASSONI  
John R. Paradiso  
3721

Attorney Docket No.

TRSCWE P01AUS

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP =	Extra Claims x	Fee (\$) \$52/\$26 =	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
Indep. Claims -3 or HP +	Extra Claims x	Fee (\$) \$220/\$110 =	Fee Paid (\$)		

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

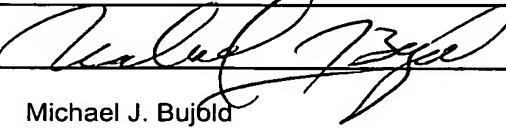
Total Sheets -100 =	Extra Sheets / 50 =	No. of each additional 50 or fraction thereof (round up to a whole number) x	Fee (\$) \$270/\$135 =	Fee Paid (\$)
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## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Three Month Extension of term \$555.00Request For Continued Examination \$405.00

## SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018

